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DATE:

May 22, 2008

PTO IDENTIFIER:

Application Number 10/767,021-Conf. #4731

Patent Number

Inventor:

Sunay Tripathi et al.

MESSAGE TO:

US Patent and Trademark Office

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FROM:

DARBY & DARBY P.C.

John W. Branch

PHONE:

(206) 262-8906

Attorney Dkt. #:

20910/0206138-US0

PAGES (Including Cover Sheet):

17

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Amendment in Response to Non-Final Office Action (11 pages)

Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (1 page)

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Application No. (if known): 10/767,021

Attorney Docket No.: 20910/0206138-US0

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Request for Withdrawal as Attorney or Agent and Change of Correspondence

Address (1 page)

	AMEN	Docket No. 20910/0206138-US0											
	Application 10/767,021-Co		Filing I January 2	i i	Examiner J. S. Park		Art Unit 2154						
Applicant(s): Sunay Tripathi et al.													
Invention: VERTICAL PERIMETER FRAMEWORK FOR PROVIDING APPLICATION SERVICES													
TO THE COMMISSIONER FOR PATENTS													
Transmitted herewith is an Amendment, Extension of Time and Withdrawal as Attorney in the above-identified application. The fee has been calculated and is transmitted as shown below.													
CLAIMS AS AMENDED													
		Claims Remaining After Amendment	Highest Number Previously Pald	Number Extra Claims Present	Rate								
	Total Claims	21	- 27 =	0	x 50.00	•	0.00						
	Independent Claims	3	- 4 =	0	x 210.00		0.00						
	Multiple Depend	lent Claims (ch	eck if applicabl	(e)									
	Other fee (pleas	120.00											
	TOTAL ADDIT		120.00										
	x Large Entity Small Entity												
	No additional fee is required for this amendment. X Please charge Deposit Account No. 04-0100 in the amount of \$ 120.00 A duplicate copy of this sheet is enclosed.												
	A check in the amount of \$ to cover the filing fee is enclosed.												
Payment by credit card. Form PTO-2038 is attached.													
The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed.													
	x Credit any overpayment.												
	Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.												
		_ -			Dated:	May 22	2, 2008						
	John W/Branch Attorney/Agent	n Reg. No.: 41,	633		•								
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Church Street Station New York, New York 10008-0770 (206) 262-8906													
						_							

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Effective on 12/08			Complete if Known										
Fees pursuant to the Consolidated Approp	oriations Act, 2005 (H.R. 4	818).			10/767,021-Conf. #4731								
FEE TRANS	MITTAL	L	Filing Date		January 28, 2004								
For FY 2		<u> </u>	First Named Inventor Sunay Tri			thi							
FOIFTZ	000	$-\!$	Examiner Name		J. S. Park								
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		2154								
TOTAL AMOUNT OF PAYMENT	L	Attorney Docket No. 20910/02061			8-US0								
METHOD OF PAYMENT (check all that apply)													
Check Credit Card Money Order None Other (please identify):													
X Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.													
For the above-identified dep	osit account, the Dire	ctor is I	hereby authorize	d to: (che	eck all that apply)								
X Charge fee(s) indicate	d below		Charge	e fee(s) ir	idicated below, ex	cept for t	he filing fee						
Charge any additional fee(s) or underpayments of													
FEE CALCULATION	. IV GIRT 1.17												
1. BASIC FILING, SEARCH, AND E	XAMINATION FEES	,											
	ILING FEES		RCH FEES	EXAM	NATION FEES								
Application Type Fee (Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Foco	Paid (\$)						
Application Type Fee (: Utility 310		510	Fee (\$) 255	210	1 <u>Fee (\$)</u> 105	· 003	. याच्य (क)						
Design 210		100	<i>233</i> 50	130	65								
Plant 210		310	155	160	80								
Reissue 310		510	255	620	310								
Provisional 210		0	0	020	0								
2. EXCESS CLAIM FEES		v	ŭ	•	•		Small Entity						
Fee Description			•			Fee (\$)	Fee (\$)						
Each claim over 20 (including Reis					50	25							
Each independent claim over 3 (inc	luding Reissues)					210	105						
Multiple dependent claims						370	185						
Total Claims Extra Claims		Paid (\$) Multiple Depend											
	x 50.00 =	0.0	00	<u> </u>	ee (\$)	Fee Paid (<u>\$)</u>						
HP = highest number of total claims paid fo	· -	Eas P	ald (\$)				_						
Indep. Claims Extra Claims 3 -4 = 0	Fee (\$) × 210.00 =		ald (\$) 00										
HP = highest number of Independent claim													
3. APPLICATION SIZE FEE													
If the specification and drawings e	exceed 100 sheets of	paper (excluding electr	onically i	filed sequence or	computer							
listings under 37 CFR 1.52(e)),	the application size	fee due	is \$260 (\$130 f	or small	entity) for each a	dditional 5	50						
sheets or fraction thereof. See						•-	Doid (2)						
Total Sheets Extra Shee			(round up to a who			<u>F88</u>	Paid (\$)						
- 100 = 4. OTHER FEE(S)	/50 =		tioning of to a Mile	e mumber	· ^	Fees	Paid (\$)						
Non-English Speoffication, \$130 fee (no small entity discount)													
Other (e.g., late fulling surcharge): 1251 Extension for response within first month 120.00													
SUBMITTED BY													
Signature			Registration No. (Attorney/Agent)	41,633	Telephone	(206) 26	32-8906						
Name (Print/Type) John W. Branch					Date	May 22	2, 2008						

W